

## Medicare Form Instruction Letter

Dear applicant:

The following provides specific information about the required forms required for processing a provider's request for CMS Medicare Certification.

- Questions regarding the CMS-855A or Certification Survey:
  - Any questions concerning the **Medicare Provider/Supplier Enrollment Application (Form CMS-855A)** should be directed to your fiscal intermediary/carrier. The CMS-855A and capitalization requirements must be verified by the Regional Home Health Intermediary and approved by the RO.
  - Any questions concerning your initial certification survey should be directed to your accreditation association.
- **Forms**—the following forms **MUST BE COMPLETED** in order to participate in the Medicare program. Institutions/agencies cannot claim provider reimbursement for services furnished prior to your certification as a Medicare/Medicaid provider.
  - Two (2) copies of the **Assurance of Compliance (HHS-690)**. *Submit both originals.*
  - Two (2) copies of the **Health insurance Benefits Agreement (Form CMS-1561)**. *Submit both originals.*
    - **NOTE:** On the second line of the Health Insurance Benefits Agreement (Form CMS-1561) after the term, Social Security Act, enter the entrepreneurial name of the enterprise, followed by the trade name (if different from the entrepreneurial name). Ordinarily, this is the same as the business name used on all official IRS correspondence concerning payroll withholding taxes, such as W-3 or 941 forms. For example, the ABC Corporation, owner of the Community General Hospital, would enter on the agreement: "ABC Corporation d/b/a Community General Hospital". A partnership of several persons might complete the agreement to read: "Robert Johnson, Louis Miller, and Paul Allen, partners, Easy Care Home Health Services". A sole proprietorship would

complete the agreement to read: "John Smith d/b/a Mercy Hospital". The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners of the enterprise to enter into this agreement. If the Health Insurance Benefits Agreement is signed by someone other than an officer, director or partner of the enterprise, then one of the officers, directors or partners of the enterprise as listed on the Medicare Provider/Supplier Enrollment Application (Form CMS-855A) must give that individual written permission to sign. Please submit a copy of this letter of authorization.

- **Office of Civil Rights Information Request.** Contact the Office of Civil Rights for questions regarding the Civil Rights Application. Include the Assurance of Compliance (HHS-690) for which one (1) copy is required for the Civil Rights Application. *Submit one (1) original.*

Please ensure that all forms required for initial Certification processing, including duplicate forms, have original signatures. Also, note your request for participation in the Medicare program cannot be forwarded and/or processed to CMS-RO until your Fiscal Intermediary/Carrier has approved and the Department has received the Medicare Provider/Supplier Enrollment Application (Form CMS-855A), the survey results from the accreditation organization (AO) and the completed forms (CMS-1561, HHS-690, and OCR Application).